

INTEGRATED BEHAVIORAL HEALTH



SUPPORTING IET IN PRIMARY CARE

- CCO incentive measure: Percentage of patients 13 years of age and older with a **new** episode of alcohol and other drug (AOD) dependence. Two rates are reported:
 - A. Percentage of patients who initiated treatment within 14 days of the diagnosis.
 - B. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 34 days of the initiation visit.
- BHCs can support by:
 - * Provide assessment and referral support during PCP visit
 - * Follow up with patients to assure that psychosocial needs are being met
 - * Reach out to those who have gone to the ED and assure that they get proper follow up

SUBSTANCE USE TREATMENT RESOURCES

Learn about SBIRT
<https://www.sbirtoregon.org/>

Providers Clinical Support System:
<https://pcssnow.org/mentoring/>

Training on BHCs using Collective:
<https://community.collectivemedical.com/t/83h6k0h/ohlc-webinar-collective-platform-training-of-behavioral-health-clinicians>

UC San Francisco Clinician Consultation Center; free consultation focusing on SUD evaluation and management for PCPs:
(855) 300-3595.
<https://nccc.ucsf.edu/clinical-resources/substance-use-resources/>

Info on Medication for Addiction Treatment
https://www.asam.org/docs/default-source/advocacy/mat-factsheet.pdf?sfvrsn=e0b743c2_2

Portland area AA and NA meetings:
<https://pdxaa.org>
<https://www.portlandna.com/>

- Approaches will focus around three primary areas:
 - * Take what we know around Medication for Addiction Treatment and improve what we are already doing
 - * Work on improving coordination and follow up; especially with the ED
 - * Improve our treatment/interventions around alcohol use disorder; enhance SBIRT workflows
- In 2016 about 7.5% of Americans 12 years and older were classified as having a substance use disorder
- Treatment, including medication, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes and reduce health care spending
- **Medication alone is effective and life saving** -- work with providers and patients to obtain medication
- Less than 20% of individuals with substance use disorders receive treatment
- On average 5 Oregonians die every week from opioid overdose. Many overdose deaths involve multiple drugs included pharmaceuticals and illicit opioids.



INTERVENTIONS AT A GLANCE

- Assess patients for motivation and severity of symptoms and connect to best level of care
- Follow up with patient and service providers to help coordinate between systems
- Monitor Collective to identify patients who need outreach and support
- Support the clinic in learning supportive, trauma informed language that is patient centered
- Support PCPs during their appointments: review symptoms, recovery plans, needed resources, etc. before PCP comes into the room to allow for efficient appointments and improved access to care
- Brief episodic interventions are known to be effective in supporting substance use
- SBIRT is the "I" of IET--make sure SBIRT workflows include BHCs. BHCs can screen and provide brief interventions in one event
- By keeping BHCs at the forefront of your SBIRT and IET work, you're establishing a culture that promotes the relationship of the primary care home. Pts know that they have someone they can connect to and who will support them over time, which is invaluable to engagement

